



PTO/SB/22 (12-04)

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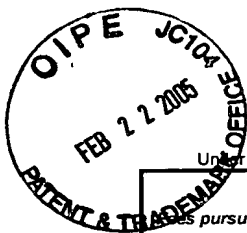
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|   |  |  |                         |
|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | <b>Docket Number (Optional)</b><br>A2550.0006/P006 |                         |
| <b>Application Number</b> 09/880,788-Conf. #7839  |  | <b>Filed</b> June 15, 2001                         |                         |
| For JUST IN TIME DEMAND PULL PROCESS  |  |  |                         |
| <b>Art Unit</b> 3625  |  | <b>Examiner</b> M. T. T. Thein                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160   | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |  |                         |
| <input checked="" type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073 . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,371   |  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |  |  |                         |
| _____<br>Signature  |  | _____<br>Date                                      |                         |
| _____<br>Thomas J. D'Amico  |  | _____<br>(202) 828-2232                            |                         |
| _____<br>Typed or printed name  |  | _____<br>Telephone Number                          |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.  |  |                         |

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|  |  |                          |                        |
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| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b><br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 09/880,788-Conf. #7839 |
|  |  | Filing Date              | June 15, 2001          |
|  |  | First Named Inventor     | David K. Herman        |
|  |  | Examiner Name            | M. T. T. Thein         |
|  |  | Art Unit                 | 3625                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | <b>(\$)</b>              | 120.00                 |
|  |  | Attorney Docket No.      | A2550.0006/P006        |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 04-1073      Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                      |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |
| 20                   | - 20 =              | x               | =                    | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                      |
| 3                    | - 3 =               | x               | =                    |                                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                                |                      |
|---------------------|---------------------|---|--------------------------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |
|                     | - 100 =             | /50   | (round up to a whole number) x | =                    |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 - Extension for response within first month      120.00

|                     |                   |                                   |                   |
|---------------------|-------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                   |
| Signature           |                   | Registration No. (Attorney/Agent) | 28,371            |
| Name (Print/Type)   | Thomas J. D'Amico | Telephone                         | (202) 828-2232    |
|                     |                   | Date                              | February 22, 2005 |